

## Montana Medicaid - Fee Schedule Ambulance

### Definitions:

**Modifier** – When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/modifier combination.  
For example:  
26 = professional component  
TC = technical component

**Description** – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete definitions in order to assure correct coding.

**Effective** – This is the first date of service for which the listed fee is applicable.

**Method** – Source of fee determination

**Fee Sched:** Medicaid fee for listed code

**Medicare:** Medicare-prevailing fee for listed code. Laboratory services are paid at 60 or 62% of listed fee.

**By Report (BR):** Equals a percentage of billed charges; percentage depends on provider type and service/supply

**PA** – Prior Authorization

**Y:** Prior authorization is required

**Space:** Prior authorization is not required

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Proc	Modifier	Description	Effective	Method	Fee	PA
A0021		OUTSIDE STATE AMBULANCE SERV	11/1/1996	FEE SCHED	NEGOTIATED	Y
A0380		BASIC LIFE SUPPORT MILEAGE	7/1/2002	FEE SCHED	\$2.57	
A0382		BASIC SUPPORT ROUTINE SUPPLS	7/1/2001	BY REPORT	\$0.00	
A0384		BLS DEFIBRILLATION SUPPLIES	7/1/2001	BY REPORT	\$0.00	
A0390		ADVANCED LIFE SUPPORT MILEAG	7/1/2002	FEE SCHED	\$2.57	
A0392		ALS DEFIBRILLATION SUPPLIES	7/1/2001	BY REPORT	\$0.00	
A0394		ALS IV DRUG THERAPY SUPPLIES	7/1/2001	BY REPORT	\$0.00	
A0396		ALS ESOPHAGEAL INTUB SUPPLS	7/1/2002	FEE SCHED	\$11.37	
A0398		ALS ROUTINE DISPOSBLE SUPPLS	7/1/2001	BY REPORT	\$0.00	
A0422		AMBULANCE 02 LIFE SUSTAINING	7/1/2002	FEE SCHED	\$11.71	Y
A0425		GROUND MILEAGE	7/1/2002	FEE SCHED	\$2.57	Y
A0426		ALS 1	7/1/2002	FEE SCHED	\$144.30	Y
A0427		ALS1-EMERGENCY	7/1/2002	FEE SCHED	\$228.47	Y
A0428		BLS	7/1/2002	FEE SCHED	\$120.25	Y
A0429		BLS-EMERGENCY	7/1/2002	FEE SCHED	\$192.40	Y
A0430		FIXED WING AIR TRANSPORT	7/1/2002	FEE SCHED	\$885.89	Y
A0431		ROTARY WING AIR TRANSPORT	7/1/2002	FEE SCHED	\$885.89	Y
A0433		ALS 2	7/1/2002	FEE SCHED	\$330.69	Y
A0434		SPECIALTY CARE TRANSPORT	7/1/2002	FEE SCHED	\$390.82	Y
A0435		FIXED WING AIR MILEAGE	7/1/2002	FEE SCHED	\$2.92	Y
A0436		ROTARY WING AIR MILEAGE	7/1/2002	FEE SCHED	\$7.79	Y
J0170		ADRENALIN EPINEPHRIN INJECT	7/1/2002	FEE SCHED	\$0.82	
J0460		ATROPINE SULFATE INJECTION	7/1/2002	FEE SCHED	\$0.55	
J1610		GLUCAGON HYDROCHLORIDE/1 MG	7/1/2002	FEE SCHED	\$63.21	
J1940		FUROSEMIDE INJECTION	7/1/2002	FEE SCHED	\$0.77	
J2000		LIDOCAINE INJECTION	7/1/2002	FEE SCHED	\$1.28	
J2270		MORPHINE SULFATE INJECTION	7/1/2002	FEE SCHED	\$1.10	
J2275		MORPHINE SULFATE INJECTION	7/1/2002	FEE SCHED	\$15.04	
J2310		INJ NALOXONE HYDROCHLORIDE	7/1/2002	FEE SCHED	\$3.76	
J2930		METHYLPREDNISOLONE INJECTION	7/1/2002	FEE SCHED	\$2.90	
J3360		DIAZEPAM INJECTION	7/1/2002	FEE SCHED	\$1.10	
J3490		DRUGS UNCLASSIFIED INJECTION	3/1/1988	BY REPORT	\$0.00	
J7030		NORMAL SALINE SOLUTION INFUS	7/1/2002	FEE SCHED	\$8.68	
J7040		NORMAL SALINE SOLUTION INFUS	7/1/2002	FEE SCHED	\$9.47	
J7042		5% DEXTROSE/NORMAL SALINE	7/1/2002	FEE SCHED	\$8.84	
J7060		5% DEXTROSE/WATER	7/1/2002	FEE SCHED	\$8.53	
J7120		RINGERS LACTATE INFUSION	7/1/2002	FEE SCHED	\$10.89	
93041		RHYTHM ECG TRACING	7/1/2002	FEE SCHED	\$4.63	

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